

My congressional district has a large percentage of elderly veterans, as does most of the northeast. There is an increasing demand for long term care for the elderly in New York, which the VA cannot presently address. Likewise, New York City has a very large population of homeless veterans who continually fall between the cracks in the current system.

Rather than these proposals to close existing VA medical facilities that have seen their traditional inpatient population decrease over time, we need to explore what other needs these facilities could be used for.

As I noted, these facilities are a unique resource. Once they are closed down and sold off, they are gone forever. The Government will never be able to procure a similar piece of real estate for an affordable price should the need arise in the future.

We should not squander the irreplaceable resource found in our VA medical centers while so many veterans are not having their needs fully addressed.

As I stated earlier, there is much in this bill that is sorely needed and worthy of our support. However, as a Member from the VA VISN that has suffered the deepest cuts in its health care budget, I cannot bring myself to vote for a bill that would further reduce their VA medical options.

In the interim, I will continue to work with the distinguished chairman of the House Veterans Committee (Mr. STUMP), to ensure that adequate funds are diverted from the VA emergency reserve to VISN #3 for FY'00. Moreover, both Chairman STUMP and I will request the VA to revisit its VERA formulas used to determine funding levels for northeastern VISNS, particularly those in New York which have been the hardest hit under VERA.

In closing, I want to thank our distinguished Veteran's Committee Chairman for his agreement to designate lower New York as a demonstration site should Medicare subvention legislation pass the Congress, as well as for his working with me to ensure that the VA explores the possibility of turning unused space at VISN #3 medical facilities into long term nursing home care units for veterans through the expanded use of the enhanced lease authority.

Mr. SMITH of New Jersey. Mr. Speaker, the Veterans' Millennium Health Care Act addresses the future of VA health care in the 21st century. The legislative package which we are considering today is an ambitious and very necessary undertaking. It forces the VA to step up to the challenges posed by the aging of our society. It will also ensure that the VA's long term care services reflect the health needs of America's veterans. It puts important checks and balances in place so that critical VA decisions regarding health care delivery are made with the input of veterans, health care staffers, and Congress.

The Veterans' Millennium Health Care Act includes the following key components: it requires the VA to provide long term care to veterans who are either 50% service connected or in need of such care for a service connected condition; it requires the VA to operate and maintain long term care programs including geriatric evaluation, nursing home care, domiciliary care, adult day health care, and respite care; and it restores the ability of Purple Heart recipients to automatically use VA health care facilities.

One component of this package is especially important to me: respite care. Earlier this

year, I introduced H.R. 1762, legislation which expands the definition of respite care within the VA's health care system. For the first time, this legislation allows the VA to contract with home care professionals to provide care for our aging veteran population, as well as provide care services through non-VA facilities when appropriate. Currently, veterans and their care givers who are in need of respite care must travel to the closest VA nursing home—even if it is just for temporary relief—when a bed becomes available. By providing respite care in the home, the VA will relieve a veteran's spouse or adult child of such duties as preparing meals, doing laundry, or changing bed linens.

The current policy places a tremendous burden on the care giver, be it a spouse, an adult child, family member, or friend. The closest VA nursing home or state facility may be hours away. My legislation instead allows the VA to either send someone to the veterans' home to relieve the caregiver or to make arrangements and pay for other short-term options.

H.R. 1762 has been endorsed by the American Legion, the VFW, Eastern Paralyzed Veterans of America, Vietnam Veterans of America, and the Disabled Paralyzed Veterans Association. All of these groups know that if it were not for the loving care being provided by spouses and adult children, the VA long term care system would be in dire straits. I cannot underscore how crucial it is for our veterans that we provide assistance for these caregivers and enable them to continue their good works.

Providing caregivers with the occasional day off so that they might attend to their own lives for a few hours or days will significantly improve the lives of our veterans and unquestionably save the VA money in the long run. Most Americans want to remain in their own homes for as long as possible. Expanding the VA's ability to use respite care as well as other long term care services reflects the flexibility that America's seniors demand and have come to expect.

A few years ago, I got a first-hand education about the need for respite care when I watched my parents suffer from cancer. My wife, Marie, provided my mother with around the clock care—so our family knows how emotionally consuming it can be. This is why I am a passionate believer in expanding the VA's ability to provide respite care. This provision of the bill is much needed by our Nation's veterans and their care givers.

As a Co-Chair of the Congressional Alzheimer's Disease Task Force, I know that unless we begin building the framework for dealing with long-term care issues in our VA system, a demographic tidal wave—the aging of our veterans—will crash into the system and cause serious damage. The VA should lead the way.

For example, persons aged 85 and above are the fastest growing age category in the country, and half of those persons will contract Alzheimer's disease. Cases of Alzheimer's are expected to more than quadruple from 4 million to 18 million by the year 2050. We need to take measures to accommodate families caring for Alzheimer's patients, and the respite care provisions in the Millennium Health Care Act are the right policy at the right time.

In a California statewide survey taken by the Family Caregiver Alliance, 58% of the care-

givers showed signs of clinical depression. When asked, they responded that their two greatest needs were emotional support and respite care. On average, they are providing 10.5 hours of care per day. According to the Caregiver Assistance Network, family and volunteer caregivers provide 85% of all home care given in the United States. These husbands and wives, sons and daughters, are willing to make the sacrifices necessary to ensure that their loved one—who have served our Nation in the Armed Forces—are able to remain at home in their time of need.

Besides Alzheimer's, many of our veterans suffer from the aftermath of a stroke, Parkinson's disease, and other adult onset brain impairing diseases and disorders. By contracting out for respite care services, the VA will make a real difference in the day to day quality of life for a veteran and his or her family member.

Another important provision in the Veterans Millennium Health Care Act is that the bill puts in "speed bumps" for the VA as it examines its physical facilities and their future use as we enter the next century. Last month, House Veterans' Affairs Committee staff along with my veterans aide traveled to New Jersey to see first hand how our state and the VA network which it is part of, is dealing with the President's budget cuts. They were pleased to find out that there is a strong level of commitment and dedication among the staff in spite of much belt tightening that has resulted under the Veterans Equitable Resource Allocation (VERA) formula. And yet, VA officials told Committee staff that future cuts will cut into the bone. As a result, veterans in New Jersey and throughout the Northeast have been concerned about closure of hospitals, nursing homes, and clinics. I know that at the Brick Clinic located within my Congressional district, we have successfully fought to restore specialty services for our veterans. To not do so would force them to travel an hour and a half in the car to the VA's facility in East Orange. This is unacceptable and we were able to successfully persuade the VA to rethink their health care strategy for Central New Jersey.

Recognizing veterans' concerns about their facilities, H.R. 2116 puts in place several mechanisms that will prevent the VA from an arbitrary closure or realignment of a facility. For instance, under H.R. 2116, the VA must conduct a study before it can even consider changing a hospital's mission. Any realignment plan put forth must include the participation of federal employees and veterans. Furthermore, VA employees will be given preference in future hiring. Any savings from a mission change must be retained within the local area and reinvested in new services for veterans, insuring improved access to care. Finally, and most importantly, Congress will be given a minimum of 45 days to review any VA recommendations on potential changes.

This provision, and the overall Millennium Health Care Act, does come with a price tag—but it is one that our veterans both need and deserve. Enhancing eligibility for veterans on a variety of levels requires that both Congress and the President find the necessary funds for long term care and eligibility expansion. Earlier this month, the House approved a \$1.7 billion increase for veteran's health care.

I urge all of my colleagues to join me in voting for passage of this bill which is integral to